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Summer 1992

# *Orthopaedic Physical Therapy Practice*



AN OFFICIAL PUBLICATION OF THE  
ORTHOPAEDIC SECTION



AMERICAN PHYSICAL THERAPY ASSOCIATION

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SAN ANTONIO, TEXAS, FEBRUARY 4-7, 1993**

Persons wishing to make platform or poster presentations of research dealing with topics related to Orthopaedics (basic science, applied sciences and clinical sciences) are invited to submit abstracts for consideration.

**LIMITATIONS:**

Presenter must be a current member in good standing of the Orthopaedic Section of the APTA, Inc. or must be sponsored by a current member in good standing of the Orthopaedic Section.

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**SUBMISSION REQUIREMENTS:**

**Deadline for Receipt of Abstract:** Abstracts must be received at the address below by September 1, 1992.

Address abstracts to:

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Research Committee Chairman  
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Virginia Commonwealth University  
McGuire Hall, 1112 E. Clay Street, Rm. 209  
Box 224, MCV Station  
Richmond, VA 23298

**Format for Abstracts:** The abstract must be typed double-spaced on one side of a single 8½" x 11" sheet of paper. The type must be 10 point or larger and produced on an electric typewriter, letter quality printer (impact or laser) or a high quality dot matrix printer with near-letter-quality type. The abstract must use standard abbreviations and should not contain subheadings, figures, tables of data or information that would identify the authors or the institution. Margins for the BODY of the text must be 1" on all sides.

The identifying information must be single spaced in the 1" top margin and include 1) the title in capitalized letters; 2) the full name(s) of the author(s) with the presenter's name underlined; 3) the place where the work was done; 4) the address of the presenter enclosed in parentheses; 5) acknowledgement of any financial support for the work being presented.

In the lower left margin, type single-spaced 1) the APTA membership number of the presenter (or name and membership number of APTA member/sponsor if the presenter is not an Orthopaedic Section member); 2) the telephone number and area code of the presenter.

In the lower right margin, indicate the preferred mode of presentation (Platform or Poster).

**Copies:** Include one original and one copy of the complete abstract with all the identifying information as outlined above.

Include 5 copies of the abstract with only the title and the body of the text (eliminate all identifying information except the title).

**CONTENT:**

All abstracts must be reports of RESEARCH and must include in order 1) purpose of study; 2) hypothesis if appropriate; 3) number and type of subjects; 4) materials and methods; 5) type(s) of data analysis used; 6) numerical results of statistical test(s) where appropriate; 7) conclusion; 8) clinical relevance.

**EVALUATION AND SELECTION:**

All abstracts are reviewed by members of the research committee without knowledge of the identity of the authors. Abstracts are selected on the basis of compliance with the content requirements, logical arrangement, intelligibility and the degree to which the information would be of benefit to the members of the Orthopaedic Section. All selections are final.



# ORTHOPAEDIC

P•H•Y•S•I•C•A•L T•H•E•R•A•P•Y

## PRACTICE

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### ABOUT THE COVER

*Visiting the Sick (1525), a glazed terra-cotta frieze by Giovanni della Robbia on the facade of the Ospedale del Ceppo in Pistoia.*

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# *Publications Committee Chair Commentary*

## **CLINICAL EDUCATION: AN AWAKENING**

In twenty years or so, when some physical therapy historian traces the recent development of our profession they will undoubtedly dwell on the notable achievements in rehabilitation that will have taken place. However, they will also pass severe judgement on the absence of ethical responsibility which has led to the growth of joint ventures between physical therapists and physicians.

In spite of the current clash between ethics and economics, an awakening is coming. At the 1992 American Physical Therapy Association (APTA) Annual Conference, the House of Delegates passed the resolution, RC 34-92, Clinical Education and Business Practices. RC 34-92 specifically states that the APTA is opposed to sending physical therapy or physical therapy assistant students to any clinics where referral for profit situations exist.

The support statement for RC 34-92 states that "clinical education plays a pivotal role in developing professional socialization through exposure to sys-

tems and role models. Students assume that what is observed during clinical education is acceptable. To send students to clinical affiliations with business practices which are contrary to APTA policy may foster conduct which is in conflict with APTA's ethical standards and the values of the profession. Further, physical therapists have a fiduciary responsibility to the recipient/consumer of their services. The educational process has an obligation to guide students appropriately in developing that moral responsibility."

RC 34-92 reaffirms that physical therapy education is not merely a university course or a medical course, but a life course. The years spent in training to become a physical therapist or a physical therapist assistant must be the preparation for ethical clinical practice upon graduation.

John M. Medeiros, PT, PhD

# PRESIDENT'S MESSAGE

I have the unique opportunity to say good-bye and hello in the same issue of *Orthopaedic Physical Therapy Practice*. As I end my two term role as Section Education Program Chair, I also begin my new position as Section President. In this scenario I thank the Executive Committee, staff, and members for their support of the rapidly expanding section education activities. I would also like to thank the membership for their support and confidence in electing me as the eighth President of the Section.

My first task as President is to review the administration of the Section, staff and volunteers, to familiarize myself with the daily operations of the Section and direct the executive committee in an efficient, effective manner. I will be meeting with the staff in La Crosse and attending the Finance Committee's meeting in August to begin this orientation.

A portion of the Fall Executive Committee Meeting will be conducted as a retreat to enable all officers to review the strategic plan. In addition we may propose possible changes in the Executive Committee

form structure to be more consistent with other components. A re-structuring of the Executive Committee may enable the officers to more effectively accomplish membership charges and expand officer responsibilities.

I proposed several goals for the Section as a candidate and now as an officer I plan to implement them. The goals will be prioritized and blended with the goals of the other officers to formulate the strategic plan for the Section for the next several years. I will report to you, the membership, the status of these goals in future issues of *Orthopaedic Physical Therapy Practice*.

The list of these goals follows:

- Continue to expand member services and programs;
- Increase member activity by expanding local study groups;
- Create video and written communication/learning opportunities and explore geographic, regional organization to promote networking;
- Strengthen the Section's impact on the practice of Orthopaedics through media, research, and legislative ac-

tivities;

- Expand cooperative efforts with other sections to heighten our effectiveness;
- Open dialogue with other orthopaedic related medical and health associations;
- Reinforce the Section's international presence by establishing direct communication with other national orthopaedic associations in North America and abroad.

Take the time to comment on these goals and the 1993 strategic plan as it evolves so that you can become an active member contributing to the direction of the Section.

Thank you for your support.



Z. Annette Iglarsh,  
P.T., Ph.D.  
President

## 1992 MASTER CALENDAR

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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26	27	28	29	30	31	

August						
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23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

AUGUST	
14	OP Mailing Date
18	JOSPT Mailing Date
28-30	Finance Committee Meeting - La Crosse, WI

SEPTEMBER	
7	HOLIDAY - Labor Day
13	DEADLINE - Materials for November issue of OP
19	JOSPT Mailing Date Industrial SIG Special Meeting - Duluth, MN

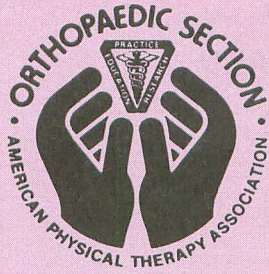
OCTOBER	
	PT Month - "Back in Action with Physical Therapy"
4-7	ABPTS Meeting - Alexandria, VA
15-18	Fall Meeting - La Crosse, WI
19	JOSPT Mailing Date

NOVEMBER	
1	Mary McMillan Scholarship Award Deadline
5	OP Mailing Date
11-15	Review for Advanced Orthopaedic Competencies - Detroit, MI
18	JOSPT Mailing Date
26	HOLIDAY - Thanksgiving Day

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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November						
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29	30					

December						
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		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



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Coordinator

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- Nominations
- Mentorship/Study Group Activities

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- Publication Content
- Industrial Physical Therapy Special Interest Group
- Home Study Courses
- Contract proposals for Administrative Services
- Contract proposals for newsletters & journals

### Contact Nancy Yeske for:

- Membership Services
- Address changes
- Orthopaedic Section membership labels
- Promotional Items
- Review for Advanced Orthopaedic Competencies Course

# FROM THE SECTION OFFICE

Congratulations to the Section's new incoming officers; Annette Iglarsh, P.T., Ph.D.; John Medeiros, P.T., Ph.D., and; Michael Wooden, M.S., P.T., OCS. We all look forward to working with you over the next three years.

I would like to thank the following people for agreeing to be slated as a candidate for an Orthopaedic Section office this year; Bob Burles, P.T.; Jonathan Cooperman, M.S., P.T., and; Paul Rockar, M.S., P.T. Your dedication and support for the Section is greatly appreciated.

The time has come, after many years of dedicated service to the Section, to bid farewell to Jan Richardson, P.T., Ph.D., OCS and Duane Williams, M.A., P.T., OCS. It has been both rewarding and a pleasure to have had the opportunity to work for and with them over the last four years. They have been valuable role models for me and I have grown professionally as a result of their mentoring efforts. I wish them both the best in their future endeavors.

I would also like to thank Helen Greve, M.S., P.T. and Susan Stralka, M.S., P.T. for all their hard work and support over the past few years on the Nominating Committee and Orthopaedic Specialty Council, respectively. I have enjoyed working with them both.

At Annual Conference in Denver, Colorado, last June, the Geriatric Section was awarded second place in the APTA Publications Award category for *Geritopics*. I would like to congratulate Sharon Klinski for her efforts in publishing *Geritopics*. Her hard work and excellent communication with the Editor of *Geritopics* and the officers of the Geriatric Section contributed significantly to the receipt of this award.

Responses to the survey which was sent out to Orthopaedic Study Groups was very good. We have obtained some excellent information on how Study Groups operate as well as what they would like to see the Section, and/or other Study Groups, help them accomplish in the future.

Responses to the mentorship questionnaire which was published in the last issue of *Orthopaedic Practice* has also been very good. The Section office

has developed a list of these physical therapists along with their areas of expertise, qualifications, practice setting, address, telephone, whether they offer long or short term mentoring, and if a fee is involved. This list is continually updated as new information is obtained.

Michael Tollan, P.T. and Jonathan Cooperman, M.S., P.T. will be working together to come up with a plan on how to use mentors in the Orthopaedic Study Group organization. More information on this will be published in the November issue of *Orthopaedic Practice*. In the meantime, if you would like to know more of the specifics regarding the Orthopaedic Study Group survey information or the mentorship listing information, please feel free to call me at the Section office, 1-800-444-3982. I look forward to hearing from you!

Terri A. Pericak  
Administrative Director

In conjunction with the Orthopaedic Section the Industrial Physical Therapy Special Interest Group will be holding a two (2) day pre-conference course on the ADA. The two (2) day program will be held in San Antonio, Texas on February 2 and 3, 1993. For more information, contact Joannette Alpert at 714/572-1190.

**CALL FOR NOMINATIONS**  
FOR  
**THE ROSE EXCELLENCE IN RESEARCH AWARD**  
THE BEST RESEARCH ARTICLE OF 1992  
DEALING WITH  
ORTHOPAEDIC PHYSICAL THERAPY

The Research Committee of the Orthopaedic Section of the American Physical Therapy Association is soliciting nominations in order to recognize and reward a physical therapist who has made a significant contribution to the literature dealing with the science, theory or practice of orthopaedic physical therapy.

**I) ELIGIBILITY FOR THE AWARD**

The recipient must:

- 1) be a physical therapist licensed or eligible for licensure in the United States of America;
- 2) be a member of the American Physical Therapy Association;
- 3) be the primary (first) author of the published manuscript.

The article must be published in a reputable, refereed scientific journal between September 1, 1991 and August 31, 1992 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1992 issue, the article must be available to the general public no later than September 15, 1992 to be considered.

**II) SELECTION CRITERIA**

The article must have a significant impact (immediate or potential) upon the clinical practice of orthopaedic physical therapy. The article must be a report of research but may deal with basic sciences, applied science, or clinical research. Reports of single clinical case studies or reviews of the literature will not be considered.

**III) THE AWARD**

The award will consist of a plaque and \$500.00 to be presented at the 1993 Combined Sections Meeting.

**IV) NOMINATIONS**

Written nominations should include the complete title, names of authors and the citation (title of journal, year, volume number, page numbers) of the research article. The name, address, and telephone number of the person nominating the research article should also be included.

Nominations (including self-nominations) will be accepted until close of business September 1, 1992 and should be mailed to:

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# THE DELPHI APPROACH TO IDENTIFYING RESEARCH PRIORITIES IN ORTHOPAEDIC AND SPORTS PHYSICAL THERAPY

By Gerri Pellecchia, M.A., P.T., Research Coordinator  
Physical Therapy and Sports Medicine Associates, Windsor, CT  
and

Holly Hamel, P.T.  
Physical Therapy and Sports Medicine Associates, Bristol, CT

The Delphi technique is a decision making process that has been used in health care to assess clinical education needs (1) and to identify research priorities. (2,3,4) Couper described the characteristics of the Delphi technique and presented a sequence model for implementation. (5) This study used Couper's model to identify research priorities among the professional staff of a multi-office physical therapy and sports medicine practice. Our approach included the three basic features of the Delphi technique: anonymity of responses, iteration with feedback, and statistical analysis of the group response. Successive rounds of questionnaires were utilized to canvas and compile participants' opinions. This article describes and recommends the Delphi method as a means of generating information useful in planning clinical research projects.

## METHOD

The Research Committee of Physical Therapy and Sports Medicine Associates (P.T.S.M.A.) initiated the Delphi study as a means to plan and prioritize future studies. Three criteria were developed by the committee. It was decided that new projects should produce information that would, first, be of benefit to the patients or athletes that are treated by P.T.S.M.A., and second, be relevant to the professions of Physical Therapy and/or Athletic Training. A third criterion concerned the feasibility of conducting the study in the clinical setting. Data collection for previous projects had been hampered by an inadequate number of appropriate subjects and a delay in equipment calibration. The Committee felt it was important when determining research priorities to consider the availability of essential resources.

A brief inservice familiarized the staff with the process of the Delphi Study. A representative from each of eight offices

was designated to distribute and collect three rounds of written questionnaires. Each of the forty physical therapists and athletic trainers employed by P.T.S.M.A., including administrative, management and staff positions, were asked to participate.

For Round I, respondents were asked to "List up to five important questions or problems regarding the clinical practice of physical therapy or sports medicine that you believe should be studied." Completed questionnaires were returned to office representatives approximately two weeks following distribution. Each of the suggested research questions was written on an index card to facilitate sorting. Two investigators (G.P. and H.H.) grouped related questions and eliminated duplicate items.

The Round II questionnaire listed each of the questions, generally grouped by topic, but in no specific order. Participants were asked to rate each item in terms of the three previously established criteria: benefit to the patient or athlete, value to the professions of physical therapy or athletic training, and feasibility of performing the study in the clinical setting. Ratings were made on a five point scale where (1) indicated "low benefit", "low value", or "low feasibility", and (5) indicated "high benefit", "high value", or "high feasibility". Space was provided for written comments about individual questions. Figure 1 presents a sample of the Round II questionnaire.

Participants were asked to complete the Round II questionnaire within two weeks, but returns were accepted up to four weeks after distribution. The analysis of data submitted for Round II was hand tabulated. A group mean was calculated for each of the three criteria for all questions. An overall mean score for each question was determined by summing each respondents ratings for the three criteria, totalling these respondent

scores, and dividing by the number of individual responses. Adjustments were made for missing values. Group mean scores were used to rank order the research questions, using the feasibility mean as a tiebreaker.

The Round III questionnaire presented the research questions in rank order, the group mean scores for each question, and the written comments generated by Round II. Figure 2 presents a sample of the Round III questionnaire. Participants were asked to reevaluate each question, taking into consideration the group mean scores and the written comments for each item. Completed Round III questionnaires were collected by office representatives and returned to the primary investigator approximately four weeks after distribution. The Systat statistical package (Version 5.0) (6) was used to determine mean scores and rank order for Round III.

## RESULTS

Twenty-seven of the forty (67.5%) distributed Round I questionnaires were returned. A total of 106 research questions were generated. A wide variety of topics were addressed, including traditional modalities such as ultrasound, whirlpool, and traction, as well as more contemporary treatments such as back school, closed chain rehabilitation, and myofascial release.

Twenty-seven questionnaires were also completed for Round II. One or more comments were handwritten by respondents for 93 of the 106 questions.

For Round III, 24 of 40 (60%) questionnaires were returned. The highest and lowest possible means scores for an individual question were 5 and 1, respectively. After three rounds of this Delphi survey, mean scores ranged from a high of 4.264 to a low score of 1.576. Research questions addressing topics such as back school, Cyriax evaluations, patellar

taping, transverse friction massage, closed chain rehab, spinal traction, and athletic trainer coverage in high schools were rated as priority items. The ten questions which were rated most highly are listed in Table 1.

10 Priority Research Questions After 3 Rounds of the Delphi Study	
	Mean
• Can a patient who has been educated in proper lifting techniques via back school demonstrate proper lifting techniques on a six week follow-up?	4.26
• How reproducible are the results of a Cyriax evaluation? What is the interrater reliability?	4.13
• How many patients return to PTSMA with another episode of back pain those that attended back school, those that did not?	4.07
• Is there a significant difference between patella taping and a patella stabilizing brace in the treatment of anterior knee pain?	4.07
• Is daily traction significantly more beneficial than every other day?	4.00
• What is the value of treating tendonitis with transverse friction massage?	4.00
• Effects of ATC coverage on reduction of injuries in high school setting. Does having health personnel in a school setting decrease the number and severity of injuries?	3.99
• Has there been any follow-up on back schools and percent of reinjury?	3.96
• Are there measurable strength gains with functional exercises?	3.93
• Do functional activities truly enhance performance and increase speed of return to activity after an injury?	3.88

TABLE 1

## DISCUSSION

The Delphi study was an effective technique for identifying and prioritizing research questions among the professional staff of this multi-office physical therapy and sports medicine practice. The Delphi's characteristic of *anonymity* allowed the responses of the recent graduate, the experienced, and the administrative therapist/trainer to be weighted equally.

At least two additional benefits were realized from this study. First, adminis-

trative support for the Delphi survey conveyed the message that the organization was an advocate of clinical research, willing to commit time and resources to new projects. Second, the ongoing process of the survey increased professional staff interest, promoting thought and dialogue about clinical research.

The results of this Delphi study have been used in the development of new clinical research projects at P.T.S.M.A. Three studies, currently underway, address research questions that were rated as priority. A review of the literature answered an additional question, "Has there been any follow-up on back schools and percent of reinjury?"

At least four issues arose during this Delphi study that warrant consideration in conducting future Delphi studies. First, the original Delphi technique made use of expert opinions. (5) Accordingly, physical therapists and athletic trainers were chosen as participants in this study for their "expert" knowledge of clinical practice. However, understanding of the research process was highly variable among the respondents, as evidenced by some of the written comments generated by the Round II survey. Participants' responses, particularly in evaluating the feasibility of research questions, may have been affected by the extent of their knowledge about research methods.

Second, participation was encouraged to maximize returns. However, participation was entirely voluntary, and "coercion" was avoided. We did not want the target respondents, feeling compelled to return a completed questionnaire, perfunctorily circling ratings that could obscure the results.

A third issue concerned the length of the Round II and Round III questionnaires. Other investigators have reported that their questionnaires could be answered in a few minutes. (3) Our Round II and Round III surveys took 45-60 minutes to complete. Round I asked participants to list up to five questions and generated a total of 106 unique items. Frankly, we had not anticipated such an extensive response. The large number of questions made the surveys time consuming for clerical staff to type and for respondents to complete. Asking participants to list up to three questions on Round I, as done in other Delphi studies (1,3), may have generated fewer unique questions, shortened the subsequent questionnaires, and increased the return rates for Round II and Round III.

A fourth point to consider is the length of time used to implement the Delphi technique. Data collection for this study was spread out over a seven month period. The original timetable was modified considerably for two primary reasons. First, the time necessary for distribution, completion, and collection of the surveys was underestimated. Second, creating the Round II and Round III questionnaires was a lengthy process. The effect of the time period between questionnaires is not known. A shorter time span for implementation may have yielded enthusiasm or indifference.

In conclusion, we recommend the Delphi technique as a decision-making method that is well-suited to establishing clinical research priorities. In the planning process, the four issues discussed above should be considered. All-in-all, the Delphi approach is not complicated, and uses resources that are available in any physical therapy practice.

## REFERENCES

1. Chaney HS: Needs assessment: a Delphi approach. *Journal of Nursing Staff Development* 1987; 3:48-53.
2. Lindeman CA: Delphi survey of priorities in clinical nursing research. *Nursing Research* 1975; 24:434-441.
3. Miles-Tapping C, Dyck A, et al.: Canadian therapists' priorities for clinical research: a Delphi study. *Physical Therapy* 1990; 70:448-454.
4. Western Consortium for Cancer Nursing Research: Priorities for cancer nursing research: a Canadian replication. *Cancer Nursing* 1987; 10:319-326.
5. Couper MR: The Delphi technique: characteristics and sequence model. *Advances in Nursing Science* 1984; 7:72-77.
6. Wilkinson L: SYSTAT: The system for statistics. Evanston, Illinois, Systat, Inc., 1990.

**Research Priorities Survey  
Round II**

LB = Low Benefit  
HB = High Benefit

LV = Low Value  
HV = High Value

LF = Low Feasibility  
HF = High Feasibility

Circle the number which best represents your response to each of the three questions. Circle one response for each question.

Research Question	Benefit to patient or athlete	Value to PT or ATC Profession	Feasibility of study at PTSMA
Effectiveness of ultrasound treatment after T.F.M. Does residue of oils of fingers affect absorption?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
What is the value of treating tendonitis with transverse friction massage?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Effects of T.F.M. on ligaments and tendons. Traditional treatment without T.F.M. vs. traditional treatment with T.F.M.	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Is moist heat a beneficial modality prior to deep transverse friction massage?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Considering the Cyriax position, how effective are superficial modalities used in the clinical setting?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Effects of cortisone injection on supraspinatus tendonitis.	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Is phonophoresis effective?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5
Does the use of ultrasound affect joint effusion?	LB HB 1 2 3 4 5	LV HV 1 2 3 4 5	LF HF 1 2 3 4 5

In the space below, write any comments that support your ratings. Use back of page if additional space is needed.

**Figure 1. Sample of the Round II Questionnaire**

**Research Priorities Survey  
Round III**

LB = Low Benefit  
HB = High Benefit

LV = Low Value  
HV = High Value

LF = Low Feasibility  
HF = High Feasibility

Circle the number which best represents your response to each of the three questions. Circle one response for each question.

Research Questions	Benefit to patient or athlete	Value to PT or ATC profession	Feasibility of study at PTSMA	Mean
1. Effects of early weight bearing vs NWB on acute ankle sprains. We should know, already been done and documented	LB HB 1 2 3 4 5 4.5	LV HV 1 2 3 4 5 4.5	LF HF 1 2 3 4 5 3.9	4.30
2. What is the value of treating tendonitis with transverse friction massage? How would these be measured scientifically. A subjective rating is a difficult way to measure; need to be more specific; not worded correctly to be proven by research; If TFM does not benefit, we are wasting a lot of time.	LB HB 1 2 3 4 5 4.5	LV HV 1 2 3 4 5 4.5	LF HF 1 2 3 4 5 3.8	4.28
3. Can a patient who has been educated in proper lifting techniques via back school demonstrate proper lifting technique on a 6 week follow-up? Great!; Feasible study that can be controlled at PTSMA site.	LB HB 1 2 3 4 5 4.1	LV HV 1 2 3 4 5 4.1	LF HF 1 2 3 4 5 4.5	4.25
4. Is daily traction significantly more beneficial than every other day? Answered; Already know that traction should be done daily at first-Cyriax teachings.	LB HB 1 2 3 4 5 4.3	LV HV 1 2 3 4 5 4.2	LF HF 1 2 3 4 5 4.3	4.25
5. Has there been any follow-up on back schools and percent of reinjury. Fantastic study if done; Interest only; Not a research question; Feasible study that can be controlled at PTSMA site; Needs to be rephrased; Yes or No is this a proposal to do a study on?	LB HB 1 2 3 4 5 4.2	LV HV 1 2 3 4 5 4.3	LF HF 1 2 3 4 5 4.2	4.21
6. How reproducible are the results of a Cyriax evaluation? What is the interrater reliability? Two questions in one difficult to answer for both; This is bread and butter; Go after this!	LB HB 1 2 3 4 5 3.8	LV HV 1 2 3 4 5 4.4	LF HF 1 2 3 4 5 4.3	4.16

**Figure 2. Sample of the Round III Questionnaire**

The Orthopaedic Section, A.P.T.A.  
presents  
**1992 REVIEW FOR  
ADVANCED ORTHOPAEDIC COMPETENCIES**

**November 11 - 15  
TROY, MICHIGAN  
Somerset Inn**

**MEETING A: November 11 - 12**

**TUITION:** \$250 - Orthopaedic Section Mbrs  
\$300 - APTA Mbrs  
\$400 - non-APTA Mbrs

**THE WRIST AND HAND**  
Carol Waggy, P.T.

**THE SHOULDER AND ELBOW**  
Sandy Burkart, P.T., Ph.D.

**THE CERVICAL SPINE**  
Kent Timm, P.T., Ph.D., OCS

**MEETING B: November 13 - 15**

**TUITION:** \$300 Orthopaedic Section Mbrs  
\$350 - APTA Mbrs  
\$450 - non-APTA Mbrs

**THE KNEE**  
Mae Yahara, P.T., ATC

**THE FOOT/ANKLE**  
Tom McPoil, P.T., Ph.D.

**THE LOW BACK/SI JOINT/HIP**  
Paul Beattie, M.S., P.T., OCS

**MEETING C: November 14 - 15**

**Tuition:** \$185 - Orthopaedic Section Members  
\$295 - non-Members

Includes: The Low Back/S.I. Joint/Hip with Paul Beattie, M.S., P.T., OCS

**TUITION FOR MEETINGS A and B:**

**Tuition:** \$500 - Orthopaedic Section Members \$600 - APTA Members and \$750 - non-APTA members

*For more information, complete the form below, detach and mail to:*  
**Orthopaedic Section, APTA 505 King Street, Suite 103, La Crosse, WI 54601 \*800/444-3982**

The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide Orthopaedic Section members and non-members with a process of review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Specialty Competency examination, but to serve as a review process only.) Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely no refunds will be given after the start of the course.

**REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES**

Name \_\_\_\_\_ Day-Time Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ APTA ID# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check:** Please register me for the following course(s): Nov. 11-15, 1992: Mtg A \_\_\_ Mtg B \_\_\_ Mtg C \_\_\_ Mtgs A and B \_\_\_  
Enclosed is my registration fee in the amount of \$ \_\_\_\_\_. Ortho Sec. Mbr \_\_\_ APTA Mbr \_\_\_ Non-Member \_\_\_  
Yes. I want to take advantage of the member rate immediately. (Please add \$50 to your member rate fee.) \_\_\_\_\_

**Make checks payable to the Orthopaedic Section, APTA**



Do you need: braille \_\_\_ interpreter \_\_\_ dietary needs \_\_\_

# LETTER TO THE EDITOR

I would like to congratulate the American Academy of Manual Physical Therapists (AAOMPT) on the formation of their organization to develop a certification process of orthopaedic manual therapy residency programs and orthopaedic manual physical therapists.

In the formative article on "The New Academy", Garvice C. Nicholson, M.S., PT., O.C.S.; describes the need for the AAOMPT to meet the requirements of the International Federation of Orthopaedic Manual Therapists (IFOMT).

There were some issues in that article, that were raised, that concerned me on the future development of the Orthopaedic Certified Specialists, (O.C.S.), developed by the American Board of Physical Therapy Specialists, (ABPTS). The first concern is that AAOMPT certification may pose to develop a competitive relationship with the O.C.S., specialization. The current population of OCS physical therapists is limited to only 185 number of therapists in the 4 years of the inception. If O.C.S. is to prosper and have an impact in physical therapy then the numbers must rise significantly.

If an orthopaedic manual therapy certification examination is developed without a relationship to the ABPTS, then a therapist may successfully challenge the exam and be a certified sub-specialist in orthopaedic manual therapy without first specializing in orthopaedic physical therapy. An orthopaedic surgeon cannot sit in advanced course work or sit in a sub-specialty exam without first being a board certified orthopaedic surgeon. It would be a shame if AAOMPT had to compete for the limited number of orthopaedic therapists and risk compromising the previous work of ABPTS and the orthopaedic section that has been done over the last ten years. Sub-specialization as an orthopaedic manual physical therapist is an important development but this should follow the natural process of first O.C.S. certification and there must be a cooperative effort between AAOMPT and ABPTS. As AAOMPT seeks cooperation with the American Physical Therapy Association to be admitted to IFOMT it should be done without any possible competition with the board certification process in orthopaedics.

Bruce R. Wilk, PT., O.C.S.

## Editor Response

Thank you for your thoughtful letter expressing your concerns about the potentially competitive relationship that may develop between the Orthopaedic Clinical Specialist Certification process (O.C.S.) of the American Board of Physical Therapy Specialties (A.B.P.T.S.) and the process of manual therapy certification that remains to be developed by the American Academy of Orthopaedic Manual Physical Therapists (A.A.O.M.P.T.). I know that the issue you raised is legitimate and is shared by others in the A.P.T.A.

To update our readers, a few recent developments need to be discussed. The Orthopaedic Section, A.P.T.A. at its' business meeting CSM February, 1992 voted unanimously to work cooperatively with A.A.O.M.P.T. toward achieving membership in the International Federation of Orthopaedic Manipulative Therapists (I.F.O.M.T.) a subsection of the World Confederation of Physical Therapy (W.C.P.T.). At the I.F.O.M.T. meeting May 30—June 3, 1992 in Vail Colorado, A.A.O.M.P.T. was unanimously elected into I.F.O.M.T. but with the important proviso that A.A.O.M.P.T. must present a letter of formal recognition by the A.P.T.A. within 24 months to remain a national member of I.F.O.M.T.

Currently, there is a lot of discussion occurring about the feasibility of the A.P.T.A. recognizing academies with membership standards that may be different from the existing components e.g. the I.F.O.M.T. requirement of an oral/practical examination for member nations.

I would refer you to the Winter issue of *Orthopaedic Physical Therapy Practice* in which John Medeiros, PT., Ph.D., discusses the issue of an oral/practical examination relative to our specialty certification process. The issue of an oral/practical component to the O.C.S. examination was a major obstacle for many members of the earlier Orthopaedic Specialty Councils and remains quite a controversial topic, despite the current Specialty Council's decision not to develop one.

I raise the oral/practical examination issue as but one of several reasons why the development of the Academy may have occurred outside our existing structures. Another reason may be simply that individuals interested in manual therapy want an organization exclusively related to their interests rather than a part of the

broad area of general orthopaedics. Some of our members may argue about a direct comparison of orthopaedic physical therapy with orthopaedic surgery. If manual therapy is a subspecialty of orthopaedics, then should not sports physical therapy and its certification also be a subspecialty?

In speaking to some other reasons for their formation, the A.A.O.M.P.T. president said that other practitioners, particularly chiropractors, were, in many states, challenging physical therapists' qualifications in the area of manipulative therapy. One of the main objectives of A.A.O.M.P.T. is to assist in the development of clinical residency programs that meet minimum standards of practice in manual therapy.

Please realize that I do not necessarily disagree with many of the points you made. Certainly, I am proud of our O.C.S. certification process and want to nurture its growth, particularly with respect to the examination itself, and the criteria to sit for the examination. We must develop minimum standards of supervised clinical practice as an eligibility requirement. Also, I think you are correct in stating that a separate manual therapy certification with no ties to the existing structure may, in fact, be competitive with the O.C.S. process. I suppose the question we must think about is one of cost-benefit, if in fact, there is no pre-requisite linkage between the examinations as you have proposed.

In conclusion, it would seem critical that our membership carefully consider these issues in the coming months. It would behoove all of our members to make their opinions known, as you have, so that we can make informed decisions. We should also discuss this at our State Chapter Meeting, as many of these items have a strange habit of making their way into the A.P.T.A. House of Delegates.

Sincerely,  
Garvice Nicholson, M.S., PT., OCS

## REFERENCE

Medeiros, John M. Examinations, Examiners and Examinees. *Orthopaedic Physical Therapy Practice* Volume 4, No. 1, pg. 6, 1992.

# U.S.A. ATTAINS FULL VOTING MEMBERSHIP IN I.F.O.M.T.

By Carol Jo Tichenor, MA, PT and  
Joe Farrell, MA, PT, President AAOMPT

The International Federation of Orthopaedic Manipulative Therapists (IFOMT), an organization dedicated to the promotion of manual therapy, held its fifth congress in Vail, Colorado on June 1-5, 1992. Hosted and organized by the Graduate Institute of Physical Therapy, this outstanding conference was attended by manual physical therapists and physicians from twenty-six countries. The conference provided participants the opportunity to hear the latest research and examination/treatment approaches in manual therapy by internationally known speakers. The highlight of the conference was the acceptance of the United States as a full voting member in IFOMT.

IFOMT, the only clinical specialty section of the World Confederation of Physical Therapy, accepts member nations, not individuals. In February 1992, a unanimous vote was cast at the Orthopaedic Section business Meeting to collaborate with AAOMPT in pursuing IFOMT membership for the United States. A record number of Section members were present at this meeting. After receiving support of the Section, AAOMPT proceeded to develop and submit the application for membership as the representative of the United States. The ten delegate nations voted unanimously to accept the United States as a full voting member. The Orthopaedic Section President, Jan Richardson, worked long hours with AAOMPT, with the IFOMT Executive and Membership Committees and with the delegate nations to achieve this recognition. In order for an organization to be a voting member of IFOMT, it must be officially recognized by the national physical therapy association. In addition to the support of the Orthopaedic Section, AAOMPT is working to obtain recognition from the APTA Board of Directors. Evidence of such recognition must be provided to IFOMT within twenty-four months.

The membership application submitted by AAOMPT was recognized as the finest application which IFOMT has received in its eighteen year history. The IFOMT Membership Committee intends to utilize the U.S. document to assist future countries which are applying for membership.

IFOMT requires member countries to present standards for a minimum number of hours of instruction in manual therapy for spinal and peripheral joints, for supervised clinical work with patients, and for a manual therapy practical examination process. This information is included in the AAOMPT application along with course content outlines, behavioral objectives, recommended methods of instruction and bibliographies in orthopaedic manual therapy. AAOMPT has established minimum standards for practical examination with spinal and peripheral patients during the residency training and is exploring alternatives for a final examination process upon completion of the residency training. Curriculum requirements for related coursework in neurophysiology, anatomy, clinical seminars, research methodology are also described.

An interpretive document is currently being prepared to assist interested physical therapists and programs in understanding ways to implement the AAOMPT standards. It is anticipated that the standards and accompanying policies and procedures will be ready for distribution by the end of 1992. AAOMPT will also be working to develop different models for delivery of residency training, taking into consideration current one and two year residency models, master's degree programs in orthopaedic physical therapy, and programs incorporating block teaching to assist therapists who cannot leave their work environment for extended periods of time.

The development of residency training in the United States has the potential to significantly impact the level of manual therapy competence of physical therapists throughout our country. Many complicated and difficult professional and legal issues face the Academy. The reader is encouraged to read the article, "The New Academy", by Garvice Nicholson in the Spring 1992 issue of *Orthopaedic Physical Therapy Practice*. Mr. Nicholson discusses the formation of the new academy and issues facing this organization. AAOMPT will be communicating regularly with the APTA in the coming months and

years to resolve such issues as: 1) What will be the requirements for membership in AAOMPT? 2) What will be the process for practical examination to demonstrate competency following completion of required coursework and clinical supervision? 3) What are appropriate avenues for experienced therapists who have not completed a residency program to challenge the practical examination process required by IFOMT? 4) How will the OCS certification process relate to the Academy requirements for practical examination? 5) How will master's degree programs and other current residency programs existing in the United States be recognized? 6) How will therapists who have passed exams in other IFOMT countries be recognized? 7) How can educational standards in residency programs be monitored over time?

Experts in evaluation will be working with AAOMPT to test reliability/validity of practical examination procedures and to develop methods for monitoring compliance of programs to the educational standards. Every step of the way, AAOMPT will continue to communicate with the Orthopaedic Section and other members of the APTA to share ideas and obtain feedback as the questions stated above are addressed. Orthopaedic Section members are encouraged to voice their comments, questions, and concerns through the Orthopaedic Section office. Regular articles will be published in *Orthopaedic Physical Therapy Practice* to answer the questions of the membership. Just as it took several years to develop the OCS examination, so also will this process take time to develop.

Persons interested in obtaining the educational standards when they are distributed later in the year, should contact:

Carol Jo Tichenor, MA, PT  
IFOMT Application Chairperson  
PT Residency Program in Advanced Orthopaedic Manual Therapy  
Kaiser Permanente  
27400 Hesperian Blvd.  
Hayward, CA 94545

# Congratulations

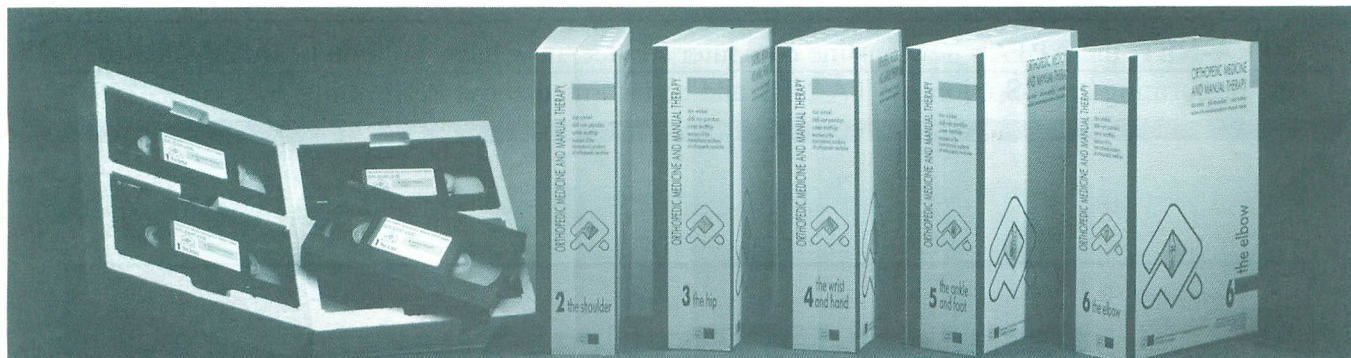
The Orthopaedic Section, APTA, Inc. would like to congratulate all of the following individuals who have recently become Orthopaedic Certified Specialists:

Melinda Adams, PT, OCS  
 Paula Allia, PT, OCS  
 John Antoni, PT, OCS  
 Stephen Benson, PT, OCS  
 Donald Berlyn, PT, OCS  
 Belinda Brownell, PT, OCS  
 Cathy Busby, PT, OCS  
 Jane Chic, PT, OCS  
 Ann Clark-Link, PT, OCS  
 Katherine Concilus, PT, OCS  
 Robert Crossett, PT, OCS  
 David Cullinane, PT, OCS  
 Jake De Nell, PT, OCS  
 Douglas Dewey, PT, OCS  
 William Dimpfel, PT, OCS  
 Joseph Donnelly, PT, OCS  
 Dee Ann Dougherty, PT, OCS  
 David Durham, PT, OCS  
 Jack Emery, PT, OCS  
 Kevin Farrell, PT, OCS

David Fitch, PT, OCS  
 G. Kelley Fitzgerald, PT, OCS  
 Lisa Giallonardo, PT, OCS  
 Randall Gustafson, PT, OCS  
 James Harrison, PT, OCS  
 Fred Havlicek, PT, OCS  
 Diane Heislein, PT, OCS  
 Deborah Heiss, PT, OCS  
 Jeanne Hills, PT, OCS  
 Laura Hodges, PT, OCS  
 Patricia Hutt, PT, OCS  
 Elizabeth Ikeda, PT, OCS  
 Catherine Iron, PT, OCS  
 Gregory Kenton, PT, OCS  
 Paul Koval, PT, OCS  
 Frances Kramer, PT, OCS  
 Steven Kraus, PT, OCS  
 Timothy Kruchowsky, PT, OCS  
 Alan Lafky, PT, OCS  
 Helen Lafuria, PT, OCS

Robert Landel, PT, OCS  
 Steve Layer, PT, OCS  
 Pamela Leitner, PT, OCS  
 Jay Lemcke, PT, OCS  
 Rama Letchuman, PT, OCS  
 Mark Levens, PT, SCS, OCS  
 Franklin Lovell, PT, OCS  
 Joanne Malerba, PT, OCS  
 Ann Marcolina, PT, OCS  
 Todd Merrill, PT, OCS  
 Christopher Melkovitz, PT, OCS  
 Craig Nagata, PT, OCS  
 Karla Neiman, PT, OCS  
 Yuk-San Ng, PT, OCS  
 Michael Nored, PT, OCS  
 D. Alan Nybo, PT, OCS  
 Michael O'Donnell, PT, OCS  
 Diana Osterhues, PT, OCS  
 David Parker, PT, OCS  
 Angela Pope, PT, OCS

Stephen Reischl, PT, OCS  
 Frank Rivera, PT, OCS  
 Lisa Rooney-Zarri, PT, OCS  
 Karl Sato, PT, OCS  
 Malton Schexneider, PT, OCS  
 David Selkowitz, PT, OCS  
 Ronna Semonian, PT, OCS  
 Cindy Shaw, PT, OCS  
 Diane Shiffer, PT, OCS  
 Lola Sicard-Rosenbaum, PT, OCS  
 Diane Smith, PT, OCS  
 James Spence, PT, OCS  
 Michael Tollan, PT, OCS  
 Wendy Weinberg Weil, PT, OCS  
 Robin Wham, PT, OCS  
 Douglas White, PT, OCS  
 Kathleen Whooley, PT, OCS  
 Bernadina Wilcox, PT, OCS  
 Karen Wong, PT, OCS



## Because Your Hands Are Your Scalpel.

In manual therapy, our fingers and hands are the tools we use to explore, diagnose and treat. This new series of videos, featuring renowned Dutch physiotherapist Dos Winkel and the faculty of the International Academy of Orthopedic Medicine, demonstrates unique and practical techniques using anatomical mapping and joint pathology for manual therapy and conservative orthopedics.

The **Orthopedic Medicine & Manual Therapy Series** consists of six comprehensive videotape sets, each focusing intensive study of *three to four hours* devoted to *each* joint structure. Each tape set includes four 45-60 minute tapes; two each for manual therapy and orthopedic medicine. Through these programs, you will gain the ability to perform effective, local treatment through accurate surface mapping of

functional anatomy, differential diagnosis using joint pathology, and treatment combining soft tissue and specific articulation techniques.

Dos Winkel's approach to orthopedic medicine evolved from the works of Cyriax, under whom he studied, and other noted manual therapy experts.

The video programs include: 1) The Knee; 2) The Shoulder; 3) The Hip; 4) The Wrist and Hand; 5) The Ankle and Foot; and 6) The Elbow. Available exclusively in North America only through OPTP. Call toll-free in the U.S. or Canada **1-800-367-7393** or write for complete information.

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## Performing Arts Physical Therapy Special Interest Group is Now Forming

The Orthopaedic Section has given tentative approval for the formation of a performing arts special interest group. There are no fees for section members interested in joining this group.

The group will present a round table at every Combined Sections Meeting to share ideas about this specialization, to discuss treatment methods specific to the performer and to establish a national network of performing arts therapists.

The group will be holding its first round table at the Combined Sections Meeting in San Antonio on February 5, 1993. If you are interested in joining this group or learning more about this unique patient population, please call, write, or fax :

**Sean Gallagher, P.T.**  
**2121 Broadway, Suite 201**  
**New York, NY 10023**  
**1-800-223-7691 or Fax (212) 769-2368.**

APTA-NET, the APTA's new on-line computer service, now has a bulletin board devoted to the performing arts. So, join APTA-NET and be informed about Performing Arts PT!

### **Orthopaedic Physical Therapy Home Study Course 93-1**

**Topic: Upper Extremity**

This will be a six month course beginning in January, 1993. The format will be the same as the home study courses we offered on the lower extremity. The cost will remain the \$150.00 for Orthopaedic Section members. Deadline for registration will be December 4, 1992.

A direct mailing will go out to all Orthopaedic Section members prior to the start of the course. Please watch for further details!



# SECTION NEWS

## EDUCATION PROGRAM

Annual Conference, 1992 brings my term as Education Program Chair to a close. It has been an exciting position to hold for the past five years. Section programming has been expanded at CSM; the SIG and Round Tables were created; the home study course has evolved into an established educational alternative for our members; and the Review Course has developed into a well attended, comprehensive educational experience. All of this would not have been possible without the help of the staff in La Crosse, the members of the Executive Committee and Committee Chairs, and the interest and enthusiasm of the members of the Orthopaedic Section. Thank you!

Z. Annette Iglarsh, PT, PhD  
Chair, Education Program Committee

## FINANCE

Financial Comments as of 5/31/92.

### Budget to Actual

Income year to date is about 17.5% more than what was budgeted. This is due to the increased income generated from the continuing education courses.

Expenses are under budget by 20.6% and net income is \$62,000 ahead of budget.

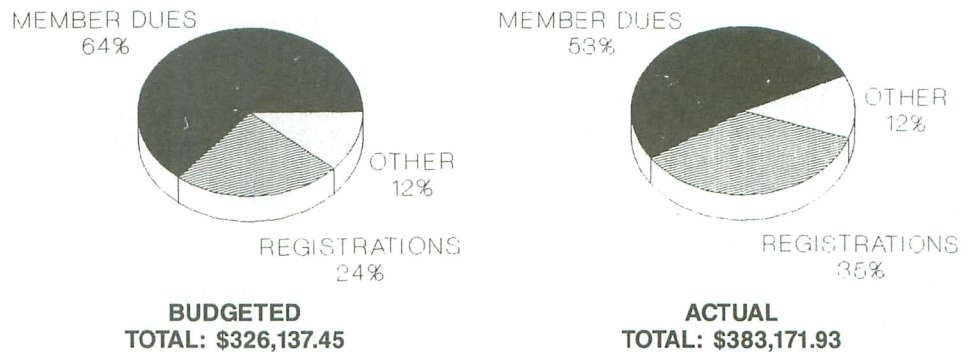
### Balance Sheet

Our Section is now gaining a stable financial base from which to grow. The current goal is to achieve a net equity equal to our total assets on or before January 1994. In December 1990, our net equity was 29.3% of the Section assets. In May 1992, the net equity was 65.5% of the Section assets.

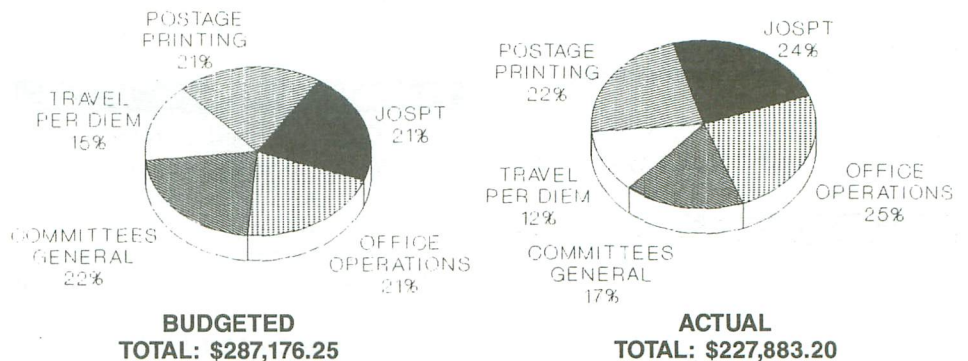
John B. Wadsworth, PT, MA  
Section Treasurer

## ORTHOPAEDIC SECTION APTA INC.

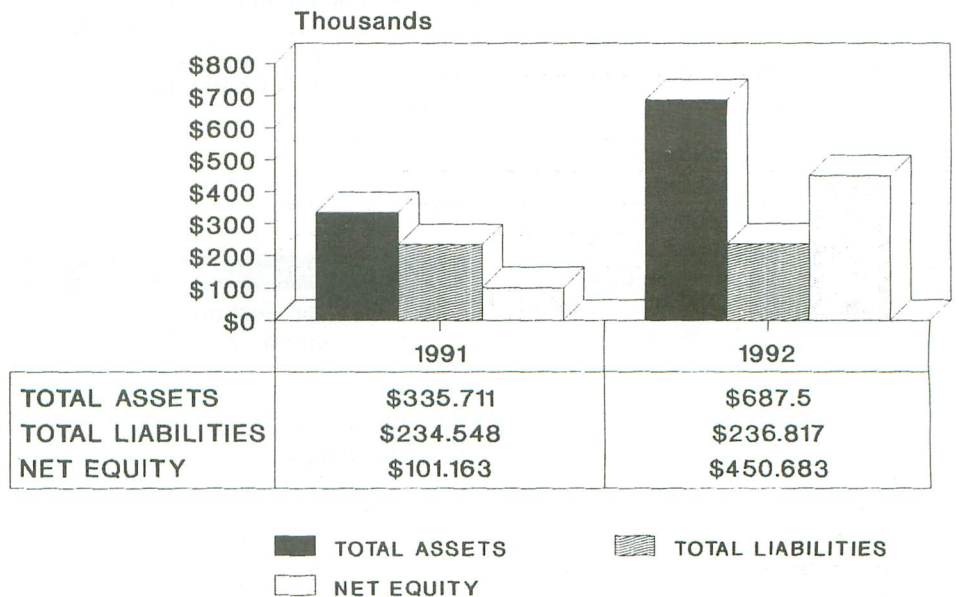
### 1992 INCOME YTD 5/31/92 BUDGET TO ACTUAL BY %



### 1992 EXPENSES YTD 5/31/92 BUDGETED TO ACTUAL BY %



## BALANCE SHEET (SUMMARY) 5/31/92



## ORTHOPAEDIC SPECIALTY COUNCIL

Recertification is considered in ongoing discussions. From the survey done by ABPTS, it is clear that Orthopaedic Certified Specialists would like an alternative to the written examination. However, it was clear that if the written exam was required, a majority of those surveyed said they would sit for recertification. Any alternative methods must meet the reliability and validity standards of the current written examination. Some options being considered are submission of case studies, participation in mentorship/fellowship/residency program, and case study with multiple choice and branching answer trees. It is the intention of the Council Chair to charge the newly-appointed Council member with the development of the recertification process.

ABPTS is proposing that the Specialty Exam be administered twice per year at CSM and Annual Conference. Rationale is that two administrations would allow more accessibility to the test, and therefore, increase the number of applicants. At the present time, the number of applicants is increasing even though there is just one administration per year.

Rick Ritter, PT  
Chair, Orthopaedic Specialty Council

## PRACTICE AFFAIRS PROGRAM

The Chair attended the APTA Government Affairs Forum May 4-5, in Washington D.C. The meeting was quite informative including instructions about the Medicare \$750.00 annual cap for private practitioners and general issues about referral for profit. The meeting concluded with visits to our Congressional representatives and senators to discuss these legislative issues.

## GOVERNMENT AFFAIRS PROGRAM FOR THE SECTION

For now the majority of the Practice Affairs Committee members feel that:

- 1) Our efforts should center on defense of our orthopaedic P.T. scope of practice. The primary area of activity is related to legislative attempts by chiropractors to limit our practice of manipulation. (This seems particularly prevalent in states seeking Direct Access.)
- 2) The defense of our scope of practice should carry a maximum commitment by our section which includes but is not limited to;
  - a) Supply of information to assist

members with their public relations or legislative efforts

- b) Budgeting to cover expenses of task force members to travel to various locations in order to provide testimony or other assistance
- c) Ongoing monitoring of legislative activities that potentially impact on orthopaedic P.T. practice
- 3) Discussion with Charles Harker, APTA government affairs and Patricia Williams, APTA Dept. of Practice, indicate support of the Orthopaedic Section enhancing its Government Affairs efforts. Our committee feels we should complement APTA's programs rather than duplicate them. In addition to the defense of our scope of practice, the Section should involve itself in reimbursement issues relative to O.P.T.
- 4) For now, the section's government affairs activities can continue under the auspices of the Practice Affairs Committee including the new Task Force to defend practice rights.

Garvice G. Nicholson, PT., OCS  
Chair, Practice Affairs Committee

## PUBLIC RELATIONS

The Chair attended Combined Sections Meeting in San Francisco. The committee was not charged with any new projects or tasks at that meeting.

The new promotional items (T-shirts and golf shirts) were well received at CSM. We will continue to sell them.

The strategic plan for 1993 will be revised if Nancy Yeske (Membership) continues to man the booth and provide membership information at conferences. The revised strategic plan will reflect a significant decrease in funding for the Public Relations Committee Chair and hence savings for the Section.

Jonathan Cooperman, MS, PT  
Chair, Public Relations Committee

## NOMINATING COMMITTEE

Elections for Section Officers were completed with a total of 1,030 official ballots cast and 10 invalid ballots cast. The newly elected officers are as follows: President—Z. Annette Iglarsh, PT, PhD Vice President—John Medeiros, PT, PhD Nominating Committee—Mike Wooden, MS, PT, OCS.

Given a membership of 10,748, the voting percentage was 10.4%. There was an increase over last year's voting statistics, however, this may be mostly attributed to

the offices for election this year.

Thank you for the opportunity to serve the Orthopaedic Section membership these past three years. I look forward to continued participation in the future.

Helen P. Greve, MS, PT  
Chair, Nominating Committee

## INDUSTRIAL PHYSICAL THERAPY SPECIAL INTEREST GROUP

The following are the strategic planning minutes:

MAY 16-17, 1992  
PHOENIX, ARIZONA

**The recommended motions contained in these minutes will be brought forth to the Executive Committee of the Orthopaedic Section at their Fall Meeting in October for final approval.**

CALL TO ORDER AND WELCOME  
Dennis Isernhagen, PT.

The first formal planning session of the Industrial Physical Therapy S.I.G. was called to order by President Dennis Isernhagen, PT. at 12:35 p.m. Those in attendance included: Joannette Alpert, PT., Vice President; Mary Mohr, PT., Secretary; Dottie Nelson, PT., Treasurer; and Dennis Driscoll, PT., Barbara Merrill, PT., Nominating Committee.

## PRESIDENT'S REPORT

A. APTA Board of Directors has appointed a task force on the ADA. Robert Mansel is the staff liaison. The SIG President is awaiting a report from the task force who met this week for the first time. Based on this report, the SIG will determine it's plan of action regarding the ADA.

B. Dennis Isernhagen, PT., President of the SIG, announced a recent revision of the original IRAC guidelines on work conditioning/work hardening by the APTA B.O.D. =MOTION= That Dennis Isernhagen, PT., will write a formal request to Dr. Marilyn Moffat, PT., President of APTA, to restore the formal IRAC guidelines for work hardening/work conditioning. =PASSED=

C. The SIG will develop an outline for a two day ADA Seminar to be held at CSM in 1993.

D. Review and accept agenda. Approved with changes.

1. =MOTION= To accept terms of office for SIG officers and nominating committee as presented. Titles will be President and Vice President. =PASSED=

2. =MOTION= That the terms of office for Nominating Committee mem-

bers are three years, and, that the senior person of the Nominating Committee assumes the chair position in the third year. Present chairperson will be Barbara Merrill, P.T. =PASSED=

3. =MOTION= Accept Bylaws as written, pending review by newly appointed Bylaws Committee to include: Dennis Gyllenhal, P.T., Kathy Lewis, P.T., Karen Lunda, P.T., and Rick Reuss, P.T. These individuals will be contacted by Dennis Isernhagen, P.T. =PASSED=

4. =MOTION= To change the name of the SIG to the Occupational Health Physical Therapy Special Interest Group. =PASSED=

5. =MOTION= That the following individuals be contacted by Joannette Alpert, P.T. (via telephone and a form letter) to act as members of the Program Committee: Suzanne Patanaud, P.T., Dennis Hart, P.T., Mark Mashburn, P.T., Susan Abeln, P.T., Barbara Merrill, P.T., Joannette Alpert, P.T., and Helene Fearon, P.T. Susan Isernhagen, P.T. will act as a verbal resource. =PASSED=

6. Dennis Isernhagen, P.T. will contact Annette Iglarsh, P.T., Ph.D., regarding the dates for a pre-conference ADA Seminar at CSM in 1993. Program content will include Employment Component of Title I and the Architectural/Transportation Component.

#### NEW BUSINESS

##### Strategic Planning

A. Preliminary draft of strategic plan was compiled. The following motions were recommended:

=MOTION= That the P&P manual be maintained and updated by the SIG secretary. =PASSED=

=MOTION= To add a checkbox under the Orthopaedic Section of the dues renewal notice to indicate membership in the Industrial Physical Therapy SIG. =PASSED=

=MOTION= That the Vice-President will be responsible for writing and maintaining the Strategic Plan. =PASSED=

=MOTION= To request Jean Bryan, P.T. to submit a written article on her research on Competencies in Consulting with B&I in *Orthopaedic P.T. Practice* Publication. =PASSED=

=MOTION= To appoint an expert panel to advise with strategic planning with a one year appointment following the annual business meeting at CSM. Recommended names include: Dave Clifton, Jean Bryan, Rick Shutes, and Susan Isernhagen, P.T.'s. =PASSED=

ADJOURNMENT—12:00 p.m., May 17, 1992

# MORE TIME TO LAUGH. MORE TIME TO PLAY.

When you live in Fairbanks, Alaska, you have more time for the things you love to do. Because a full 22 hours of daylight in the summer will open a new world of possibilities. But then, isn't that why you considered moving to Alaska in the first place?

Dramatic beauty and the quality time to enjoy it make Fairbanks a very unique place to live. Small town values mixed with a very contemporary feel bring out the best in everyone. It's a once-in-a-lifetime experience, just like this rewarding opportunity at Fairbanks Memorial Hospital.

## PHYSICAL THERAPY ASSISTANT

Under progressive leadership, the development of new programs has created this professionally challenging position. Current licensure as a Physical Therapy Assistant in the state of Alaska is required.

Fairbanks Memorial is a progressive, 169-bed community hospital dedicated to serving the immense Golden Heart interior of Alaska. We're proud to call Fairbanks home, as do thousands of others. In fact, this modern college town was recently selected as one of the Top 4 most desirable micro-communities in America.

Our competitive salaries and benefits, combined with a hospital management that truly promotes employee growth and development, make Fairbanks Memorial a special place to be.

**To learn more about Fairbanks and our hospital, call Jan Buist collect for our free video cassette at (907) 451-3497.** You may also send or FAX the coupon below, or send your resume to: Fairbanks Memorial Hospital, Human Resources, Attn.: Jan Buist, 1650 Cowles Street, Fairbanks, AK 99701. FAX: (907) 452-5776. Part of The Lutheran Health System. EOE.

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

 **Fairbanks Memorial Hospital**



# CALL FOR NOMINATIONS

## APTA SPECIAL AWARDS

**Mary McMillan Scholarship:** Honors outstanding physical therapy students

**Dorothy E. Baethke—Eleanor J. Carlin Award for Teaching Excellence:** Acknowledges dedication and excellence in teaching in physical therapy

**Signe Brummstrom:** Acknowledges individuals who have made significant contributions to physical therapy

**Award for Excellence in Clinical Teaching:** Acknowledges individuals who have made significant contributions to physical therapy clinical education through excellence in clinical teaching

**Catherine Worthingham Fellows of the APTA:** Recognizes those persons whose efforts has resulted in lasting and significant advances in the science, education, and practice of the profession of physical therapy

**Henry O. Kendall and Florence P. Kendall Award for Outstanding Achievement in Clinical Practice:** Acknowledges contributions to physical therapy in general (must have engaged in extensive clinical practice at least fifteen years)

**Marion Williams Award for Research in Physical Therapy:** Given for sustained and outstanding basic, clinical, or educational research

**Lucy Blair Service Award:** Acknowledges members whose contributions to the Association have been of exceptional value

**Mary McMillan Lecture Award:** Honors a member of the Association who has made a distinguished contribution to the profession; through a lecture presented at the Annual Conference

**Minority Achievement Award:** Recognizes continuous achievement by an entry-level accredited physical therapy program in the recruitment, admission, retention, and graduation of minority students

**Minority Initiatives Award:** Recognizes the efforts of a physical therapy program in the initiation and/or improvement of recruitment, admission, retention and graduation of minority students

**Chapter Award for Minority Enhancement:** Acknowledges exceptionally valuable contributions of an APTA chapter to the profession relative to minority representation and participation

**Eugene Michels New Investigator Award:** Acknowledges an outstanding new investigator who has demonstrated a commitment to a defined research theme, and is named after Eugene Michels who has been instrumental in developing a plan to foster research among physical therapists

**Margaret L. Moore Award for Outstanding New Academic Faculty Member:** Acknowledges an outstanding new faculty member who is pursuing a career as an academician and has demonstrated excellence in research and teaching

**Dorothy Briggs Memorial Scientific Inquiry Award:** Recognizes physical therapist members of the APTA for outstanding reports of research in physical therapy undertaken while they were students and published in the official journal of the APTA

**Helen J. Hislop Award for Outstanding Contributions to Professional Literature:** Acknowledges individual physical therapists who have made significant contributions to the literature in physical therapy, or in other health care disciplines

**Chattanooga Research Award:** To encourage the publication of outstanding physical therapy clinical research reports, the Chattanooga Corporation has funded an annual award of \$1,000 for the best article a clinical researcher published in *Physical Therapy*

**Minority Scholarship for Academic Excellence:** An annual scholarship offered by the Foundation for Physical Therapy in cooperation with the American Phys-

ical Therapy Association.

**Jack Walker Award:** In honor of the contributions made to physical therapy by Jack Walker, former President of the Chattanooga Pharmaceutical Company (now the Chattanooga Corporation), this corporation has funded an annual award of \$1,000 for the best article on clinical practice published in *Physical Therapy*

Space limitations do not permit a complete description of awards and scholarships, or the complete criteria. If you desire additional information, please contact me through the Section office.

Send your recommendations/nominations to:

Carolyn Wadsworth, P.T., M.S.  
The University of Iowa  
Physical Therapy Department  
2600 Steindler Bldg.  
Iowa City, IA 52242  
(319) 335-9798

or  
Orthopaedic Section, APTA, Inc.  
505 King Street, Suite 103  
La Crosse, WI 54601  
(608) 784-0910

# MEETING MINUTES

## BUSINESS MEETING, JUNE 14, 1992 ANNUAL CONFERENCE, DENVER, COLORADO MINUTES

CALL TO ORDER AND WELCOME—  
Dr. Jan K. Richardson, P.T., OCS  
Meeting was called to order at 10:00  
AM.

### PRESIDENT'S REPORT

A. Approve Membership Meeting  
Minutes (February 9, 1992, San Francis-  
co, CA)

=MOTION=To approve the business  
meeting minutes from the February 9,  
1992 meeting in San Francisco, Califor-  
nia, as printed in *Orthopaedic Prac-  
tice*.=PASSED

B. Review and Accept Agenda

=MOTION=To accept the business  
meeting agenda as printed.=PASSED=

C. Review of Meeting Procedures

- Format of the Meeting
- Motion Forms

=MOTION=The Public Relations  
Chair along with the Administrative per-  
sonnel of the Section request permission  
to depart from the agenda for a special  
presentation.=PASSED= A slide/tape  
program on past activities and events of  
the Section was shown to celebrate the  
years of service which President, Jan  
Richardson and Vice President, Duane  
Williams have given to the Section.

D. IFOMT Update—Carol Jo Tichner,  
P.T.

1. See Carol Jo's article "U.S.A. Attains  
Full Voting Membership in I.F.O.M.T." in  
this issue of *Orthopaedic Practice* for full  
details.

2. The IFOMT House acknowledged  
the United States as a full voting mem-  
ber contingent upon a written statement  
by the APTA. Jan Richardson, P.T., Ph.D.,  
OCS, and Stanley Paris, P.T., Ph.D., will  
update APTA at the Post House meeting  
during Annual Conference and Joe Far-  
rell, M.S., P.T., President of the Academy,  
will continue open dialogue with the  
APTA at the next APTA Board of Direc-  
tors Meeting.

E. Industrial Physical Therapy SIG Mo-  
tion to the APTA House of Delegates—

Dennis Isernhagen, P.T.

A representative of the SIG and a  
representative of IRAC (Industrial Re-  
habilitation Advisory Committee) met  
with the APTA Board of Directors during  
Annual Conference and came up with an  
equitable solution regarding the defini-  
tion and guidelines for work harden-  
ing/work conditioning. The Board will be  
field testing the original document that  
IRAC had submitted so the motion be-  
fore the House of Delegates was res-  
cinded.

F. Geoff Maitland Reception

The APTA House of Delegates voted  
unanimously on Saturday, June 13, to  
award Geoff Maitland an honorary life  
membership in the APTA. The Or-  
thopaedic Section held a reception that  
Saturday night in his honor.

G. Orthopaedic Candidates and  
Delegates Reception

A reception recognizing Orthopaedic  
Section members and Pennsylvania  
Chapter members who are candidates  
running for APTA offices or are House of  
Delegate representatives will be held  
Sunday evening, June 14, in conjunction  
with the Pennsylvania Chapter.

### IV. EXECUTIVE COMMITTEE REPORTS

A. Vice-President—Duane Williams,  
M.A., P.T., OCS

1. Mentorship Update

A list of mentors has been compiled  
at the Section office. This list will be pub-  
lished in *Orthopaedic Practice*. Each list-  
ing includes the name, address, and  
telephone number of mentor; specialty  
area; if the mentorship is long or short  
term, and; whether or not a fee would  
be involved. The Section is serving as a  
clearing house only. Details concerning  
arranging to work with a mentor would  
take place between the individual and  
the mentor. Any physical therapist who  
is an Orthopaedic Section member is in-  
vited to be a mentor.

2. Orthopaedic Study Group Update

The Orthopaedic Section office recent-  
ly conducted a survey of all Orthopaedic  
Study Groups. The information  
received will be published in *Or-  
thopaedic Practice*. The Section will  
continue to pursue requests by the Study  
Groups to provide more information.

I appreciate the opportunity to serve  
the Section for the last 9-10 years. I served  
on the Nominating Committee for a  
number of years and then was elected for  
two terms as Vice President. I've seen the  
Section grow tremendously over these  
past years. Presently, we have a very  
strong office and a very strong leadership  
which has made it possible for us to ac-  
complish a lot of things in the last few  
years. The biggest challenge now, for the  
Section, is to concentrate on getting  
greater participation from the member-  
ship and to get more active in relevant  
clinical issues.

B. Treasurer—John Wadsworth, M.A.,  
P.T.

John was unable to attend due to his  
newly elected position as Vice President  
of the Federation. The Treasurer's report  
was published in the last issue of *Or-  
thopaedic Practice*.

C. Member-at-Large—Stanley Paris, P.T.,  
Ph.D.

Stanley was unable to attend because  
he is moderating the Maitland presenta-  
tion. Report was given by President, Jan  
Richardson, P.T., Ph.D., OCS.

Proposed Bylaw Changes

The Member-at-Large has been work-  
ing with the Section office on reviewing  
the recommendations brought forth by  
the APTA Board and Parliamentarian on  
bringing the Section bylaws up to date.  
This will be finished by the October fall  
meeting of the Section Executive Com-  
mittee. The Policy and Procedures man-  
ual will also be reviewed and updated by  
that time.

D. Education Program Chair—Z. An-  
nette Iglarsh, P.T., Ph.D.

1. Review Course

Round table discussions on head and  
neck physical therapy, industrial physical  
therapy and performing arts physical  
therapy will be offered along with a  
splinting workshop. A luncheon/business  
meeting will be held on Friday, July 24.  
This meeting allows the officers to meet  
with those physical therapists who typi-  
cally do not attend Annual Conference  
and Combined Sections Meetings. A sec-  
ond course will be offered this year in  
Troy, Michigan (a suburb of Detroit)  
November 11-15 due to a special request  
from that area.

## 2. Home Study Courses

92-1 will be completed in August, 1992. The 93-1 course will be on the upper extremity. The Editor, Kent Timm, is currently obtaining authors. Discussion has begun on re-offering the first course, 91-1.

## 3. CEU's

The Section is looking into awarding its own CEU's for both the review course and home study courses to eliminate having to seek an outside agency.

## 4. CSM 1993

A one or two day ADA pre-conference course will be offered by the Industrial SIG. A one day multi-section program on *articular cartilage including scientific foundations, current research in the area and current treatment protocols for different age groups and diagnosis* is scheduled. A half day meeting is planned for Sunday on low back research protocols and the new three dimensional NIOSH dynamic standards.

5. This is my last meeting as program chair after serving for five years and I am pleased to announce that Nancy White has offered to take over this position. Nancy has assisted me over the past two years.

I would like to thank everyone for my five years in office. I feel I am leaving the Education Program Committee in great hands. I am the first one to recognize that none of this would have happened without the support of the Executive Committee and the consistent support of staff. It has been a position which has not only allowed me to grow but has also allowed the Section to grow.

## E. Research Chair—Dan Riddle, M.S., P.T.

The work of the Research Committee over the last year has centered around three areas. The first is the call for participants for the platform and poster presentations for CSM and the call for the Rose Excellence in Research Award.

Second, the Research Committee hosted the Manual Therapy Round Table at the Combined Sections Meeting in San Francisco. The Committee hopes to continue this kind of work with the other Round Table and Special Interest Groups that are continuing to develop within the Section.

Third, the Research Chair collated the bibliography reference list which the Orthopaedic Certified Specialists submitted.

## F. JOSPT Editor—Gary Smidt, Ph.D., P.T., FAPTA

1. The JOSPT Advisory Council has

been formed and will meet formally on Monday, June 15. The voting members of this group will be the respective Presidents and Treasurers of the Orthopaedic Section and Sports Section and the JOSPT Editor. Other members of the Council include the Executive staff of the Orthopaedic Section and Sports Section, a representative from the publisher and the JOSPT Managing Editor.

2. The Journal settled on another three year contract with the publisher Williams and Wilkins.

3. The formal application will be sent to Index Medicus in August, 1992. A decision should be received in late fall.

## G. Administrative Director—Terri Pericak

Sharon Klinski was recognized for her work on *Geritopics*. *Geritopics* received second place for the APTA Publications Award this year.

## PROGRAM REPORTS

### A. Membership—Terri Pericak

The following was taken from the report submitted by Nancy Yeske on membership services.

1. In February, 1992, the Section did a membership application mailing to approximately 40,000 APTA members who were not currently Orthopaedic Section members. As of May 19 the Section had received 189 new student members and 83 active or affiliate members. A similar mailing was done last year which generated 207 student members and 75 active or affiliate members.

2. At CSM, 1992, Orthopaedic Section golf shirts, mock turtle-neck long sleeve shirts and sweatshirts were added to the list of promotional items the Section has for sale.

3. The question was raised regarding having a member's name removed from all label orders being sold from the Section office. This is being looked into.

### B. Publications—John Medeiros, P.T., Ph.D.

1. John Medeiros will be going off as Publications Chair effective October, 1992.

2. Sharon Klinski is responsible for *Orthopaedic Practice*, *Geritopics*, the *Section on Hand Rehabilitation's* publication and has had some communication with the Cardiopulmonary Section regarding publishing of their newsletter. She is also responsible for publishing the home study courses. All this has gone very smoothly and I thank her for all the help she has given me over the past few years.

3. I have really enjoyed working with the Section as Publications Committee Chair. It was voted on at the Executive Committee meeting on June 12 that Jonathan Cooperman will be the new Publications Committee Chair.

## C. Specialization—Rick Ritter, M.A., P.T.

1. Re-validation of the competencies

The competencies is a detailed description of what an orthopaedic physical therapist is. We hope the re-validation is accomplished in the next three months.

2. Lt. Col. Mary Anne Sweeney, M.S., P.T., OCS, has been appointed to the Orthopaedic Specialty Council to replace Susan Stralka, M.S., P.T. I would like to give Susan a great deal of thanks. She has done a tremendous job in getting us to where we are in specialization and its been a pleasure to work with her.

3. Cumulative test data has been released by the ABPTS. In 1992, 79 new physical therapists passed the specialist examination. That brings the total number of physical therapists who are board certified to 185. The cumulative pass rate from 1989 to the present is 68%.

4. The applications to sit for the 1993 exam have been streamlined and a lot of the up front documentation which was required has changed.

## D. Practice Affairs—Garvice Nicholson, P.T., OCS

1. Attended the Government Affairs meeting in Washington D.C. in May, 1992.

2. The Committee has been thinking about government affairs activities for the Section. One of the activities centers on the defense of the Section's scope of practice, specifically, the attempt by chiropractors to limit our practice of manipulation. A preliminary task force has been established consisting of Garvice Nicholson, P.T., OCS; Stanley Paris, P.T., Ph.D.; Mark Bookhout, P.T.; Bill Boissonault, M.S., P.T., and; Steve McDavitt, P.T.

## E. Public Relations—Jonathan Cooperman, M.S., P.T.

The Committee will be working on the concept of networking the Orthopaedic Study Groups and also continue to try and solicit individuals for the mentorship program.

## F. Awards—Carolyn Wadsworth, M.S., P.T.

Unable to attend.

G. Nominating Committee—Dr. Jan K. Richardson, P.T., OCS

Results of the April election: Z. Annette Iglarsh, P.T., Ph.D. is the new President; John Medeiros, P.T., Ph.D. is the new Vice President, and; Michael Wooden, M.S., P.T., OCS is the new member to the Nominating Committee.

All other candidates were recognized and thanked for putting their names forth to be slated.

H. Industrial Physical Therapy SIG—Dennis Isernhagen, P.T.

1. Elections of the SIG took place at CSM in San Francisco last February for Board of Directors and Nominating Committee. Dennis Isernhagen, P.T., was elected President; Joanne Alpert, P.T., was elected Vice President; Mary Mohr, P.T., was elected Secretary, and; Dottie Nelson, P.T., was elected Treasurer. The Nominating Committee members are: Barbara Merrill, P.T., Chair; Bob Richardson, P.T., and Dennis Driscoll, P.T.

2. The Board met in May to begin the process of putting a formal structure together. The strategic planning process is half way complete. A bylaws committee was appointed to look at the rough draft of the bylaws. An education committee was also appointed.

3. An advisory council of people around the country who have expertise in various areas of industrial physical therapy was appointed. The council consists of: Rick Schutes, P.T.; David Clifton, P.T.; Susan Isernhagen, P.T., and Jean Bryan, P.T.

#### UNFINISHED BUSINESS

No unfinished business.

#### NEW BUSINESS

A. Committee Chair Vacancies/Re-appointments

1. John Medeiros, P.T., Ph.D. has resigned his position as Publications Chair and the Executive Committee has appointed Jonathan Cooperman, M.S., P.T. as the new Publications Chair.

2. The Public Relations Committee Chair has resigned his position due to being appointed as the new Publications Chair. This position is now open. The new Executive Committee will be looking for individuals willing to serve in this capacity.

B. Awards—Dr. Jan K. Richardson, P.T., OCS

1. Susan Stralka, M.S., P.T., who unfortunately was not present, was recognized for her time and effort in developing the competency exam. Susan came on the Committee with Rick Ritter and Joe McCulloch three years ago and together brought the specialist exam to fruition.

2. John Medeiros, P.T., Ph.D., was recognized for his innovation with *Orthopaedic Practice* and his thought provoking editorials as well as working very well with the staff and the Executive Committee over the past two years.

3. Helen Greve, M.S., P.T., who was not present due the birth of her son recently, was recognized and thanked for the wonderful things she did for the Nominating Committee. Helen brought forth to the membership, along with the other members of that committee, a very talented group of candidates from which the membership could choose new officers this year.

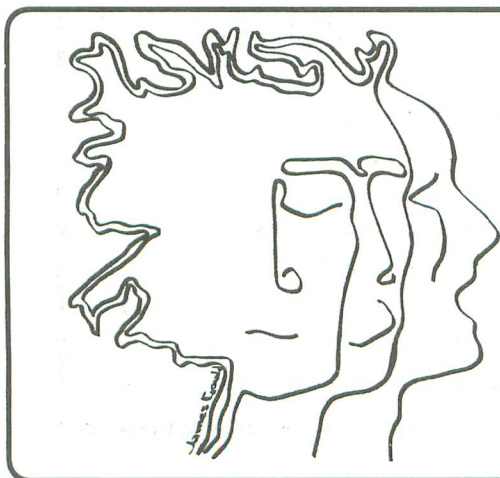
4. Z. Annette Iglarsh, P.T., Ph.D., was recognized and thanked for the unbelievable job she has done in the area of education and programming. She has joint programmed with every single Section there is to joint program with at the Combined Sections Meeting's and has led the way to increase their membership atten-

dance which then leads them to have increased revenues for CSM. Also, because of her innovative and creative thought processes in the area of the review course and the home study courses the Section has realized a significant increase in non-dues revenue.

5. Duane Williams, M.A., P.T., OCS, was recognized and thanked for serving the last five years as Vice President. He has always brought forth innovative ideas to the Executive Committee. *Duane went* on to take the board certification exam and became board certified in orthopaedics. I don't think there is another individual in the Orthopaedic Section who has given more years in either an appointed Chair position or an elected office than Duane has. He has served over a two decade period of time. We appreciate everything he has done for orthopaedic physical therapy and especially for the Section.

6. Jan Richardson, P.T., Ph.D., OCS, was recognized and thanked for everything she has done during her term by the members of the Section and the Executive Committee. Jan has made this Section much more visible, much more professional, and has shown people that we truly represent one-fifth of all the members of the Association. She has taken that one step further and shown people throughout the world that Orthopaedic physical therapists can agree on things and can work together toward a common goal. She also stuck her neck out and sat for the specialty exam and became board certified. We hope that we can, again, congratulate Jan since she is a candidate for the Board of Directors for APTA. Thank you Jan, we wish you the best of luck!

Adjournment—NOON



## Become Involved!



# Request for Recommendations for Orthopaedic Section Offices

The *Orthopaedic Section* of the APTA needs your input for qualified candidates to run for the offices listed below. To serve is exciting and an honor! If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information. Return this completed form to the Chair of the Nominating Committee as soon as possible before January 1, 1993. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

\_\_\_\_\_ (print full name of recommended nominee)

\_\_\_\_\_ Address City State Zip

\_\_\_\_\_ (Area code) Home Phone Number

\_\_\_\_\_ (Area code) Office Phone Number

is recommended as a nominee for election to the position of:

CHECK THE APPROPRIATE POSITION:

- TREASURER (3 years):  
Should have good working knowledge of accrual accounting, annual and long range budgeting, reserve funds and investment strategies.
- Nominating Committee Member (3 years):  
Should have broad exposure to membership to assist in formation of the slate of officers.

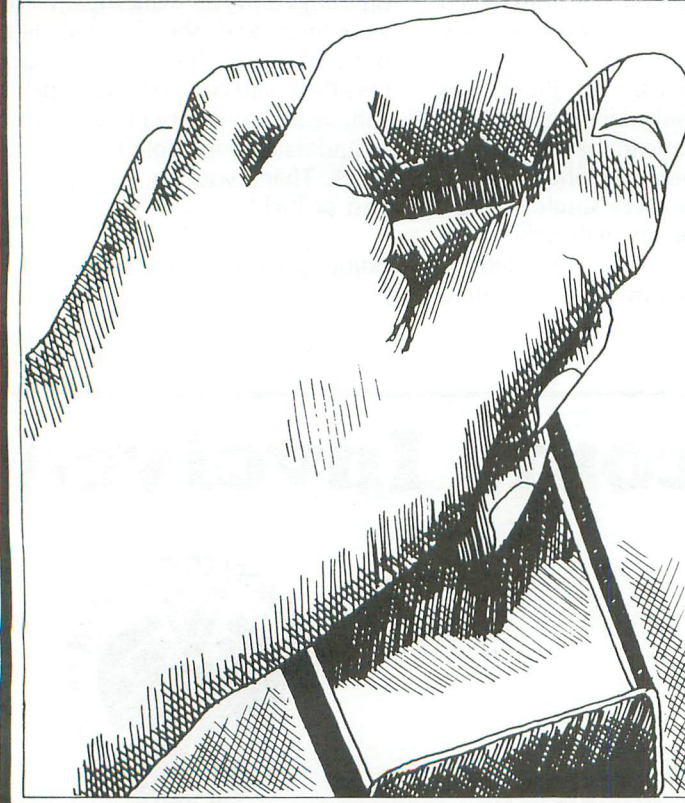
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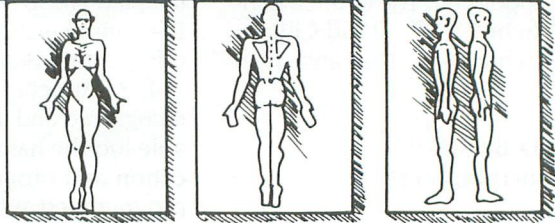
William Boissonnault, M.S., P.T.  
Orthopaedic Section, APTA  
505 King Street, Suite 103  
La Crosse, WI 54601

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_





**BODY STAMPS**

- Front
- Back
- Right and Left Profile

(Stamp Dimensions, 1½" - 3½")

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# ORTHOPAEDIC MENTORSHIP LISTING

The following is a list of those members who have expressed an interest in acting as a mentor to fellow Orthopaedic Section members who are interested in obtaining on-site training in a specific specialty area:

John M. Barbis, MA, PT, OCS  
Suite 1500

1015 Chestnut Street  
Philadelphia, PA 19107  
215/592-0240

Specialty: spinal pain, thoracic outlet syndrome

Marvin R. Beck, PT, OCS

1108 East Patterson Street  
Kirksville, MO 63501  
816/665-4073

Specialty: orthopaedics

Virgil Beck, PT, OCS

620 S. 400 E., Suite 101  
St. George, UT 84770  
801/628-2855

Specialty: manual therapy, orthopaedics

Anne H. Campbell, PT, OCS

Access Physical Therapy  
1406-B Wilson Road  
Conroe, TX 77304  
409/756-0086

Specialty: spine, shoulder

Russell A. Certo, PT, OCS

1282 Stony Point  
Grand Island, NY 14072  
716/773-4323

Specialty: orthopaedics

Michael T. Cibulka, MHS/PT, OCS

430 Truman Blvd.  
Crystal City, MO 63019  
314/937-7677

Specialty: orthopaedics, sports, manual therapy

Frank J. Fearon, MS, PT, OCS

The Rehabilitation Institute  
743 Spring Street  
Gainesville, GA 30501  
404/535-3494

Specialty: spinal mobilization, isokinetics

Sean Gallagher, PT

2121 Broadway, Suite 201  
New York, NY 10023  
212/769-1423

Specialty: performing arts physical therapy

George F. Hamilton, PT, MS, OCS

Department of Physical Therapy  
School of Allied Health Sci.  
East Carolina University  
Greenville, NC 27858  
919/757-4445

Specialty: extremity and spinal problems

Ann Porter Hoke, PT, OCS, COMP

1708 SE 74th  
Portland, OR 97215  
503/775-8062

Specialty: manual therapy, spine

Paul LaStayo, MPT

University of Florida  
Department of Orthopaedics  
Box J-383  
Gainesville, FL 32610  
904/392-8945

Specialty: orthopaedic upper extremity, hand therapy

Alan I. Lee, MS, PT, OCS

1221 Kapiolani Blvd, Suite 201  
Honolulu, HI 96814  
808/526-0108

Specialty: orthopaedics, spine, TMJ, foot/ankle

Merry N. Lester, PT, OCS, CET, CSCS, MTC

1328 S. Humboldt Street  
Denver, CO 80210  
303/694-8098

Specialty: sports, orthopaedics

Stephen S. Morgenstein, MS, PT, OCS

Midland Physical Therapy Group, Inc.  
1500 Oakland Avenue  
Cranston, RI 02920-2639  
401/463-9240

Specialty: spine, sports

William H. O'Grady, MA, PT, MCT

8011 112th St Ct. E.  
Puyallup, WA 98373  
206/848-0662

Specialty: manual medicine, industrial rehab

Irene Barlow Rademeyer, PT, OCS

Arthritis Therapy Center  
32615 U.S. 19 N., Suite 2  
Palm Harbour, FL 34684  
813/789-2784

Specialty: manual therapy, spinal & peripheral joint management

Terry L. Randall, MS, PT, OCS, ATC

4833 NE Winfield  
Lawton, OK 73507  
405/351-0700

Specialty: orthopaedics, sports

Richard Ritter, MA, PT

125 Shoreway Road, Ste. 1500  
San Carlos, CA 94070  
415/591-9581

Specialty: orthopaedics, spine, sports

Michael D. Rogers, PT, OCS, OMT

1500 45th Avenue, Ste B  
Gulfport, MS 39501  
601/864-1212

Specialty: orthopaedics, manual therapy, sports

Kathleen DeMolli Shirley, PT, OCS

Arthritis Therapy Center  
32615 US 19 N, Suite 2  
Palm Harbor, FL 34684  
813/789-2784

Specialty: rheumatology, manual therapy

Gary J. Smith, EdD, PT, OCS

Eastern Washington University  
Department of Physical Therapy  
Mail Stop #4

Cheney, WA 99004  
509/458-6435

Specialty: orthopaedics

Kent E. Timm, PhD, PT, OCS, SCS, ATC, FACS

St. Luke's Sports Medicine  
3525 Davenport Avenue  
Saginaw, MI 48602-3380  
517/771-6677

Specialty: isokinetics, clinical research, spine, sports

Steve Weinberger/Zoe Cain

E 12 5th Ave., Suite 101  
Spokane, WA 99202  
509/456-6560

Specialty: orthopaedics, orthotics, ACL

Allyn L. Woerman, MMSc, PT

Olympic Sports & Spine Rehabilitation  
8011 112th St Ct. E.  
Puyallup, WA 98373  
206/848-0662

Specialty: manual therapy, musculoskeletal assessment

Michael J. Wooden, MS, PT, OCS

966A Killian Hill Road  
Lilburn, GA 30247  
404/923-4815

Specialty: orthopaedics, orthotics

Russell Woodman, PT, OCS

Quinnipiac College  
Physical Therapy Program  
Hamden, CT 06518  
281-8684

Specialty: cyriax approach

# PARIS DISTINGUISHED SERVICE AWARD

## PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

## ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc., who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

## CRITERIA FOR SELECTION

1. The Nominee shall have made substantial contributions to the Section in one or more of the following areas:
  - a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
  - b. Utilized exceptional ability and influence to promote the science, education, and practice of orthopaedic physical therapy.
  - c. Obtained professional recognition and respect for the Section's achievements.
  - d. Advanced public awareness of orthopaedic physical therapy.
  - e. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
  - f. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
  - a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
  - b. Background and knowledge sufficient

## PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Administrative Director at the Section office by December 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
  - a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship

- b. Support statements from four professional colleagues.
  - c. Support statements from two individuals who are not physical therapists, but have been involved with the Section through association with the nominee.
  - d. Support statement from four Orthopaedic Section former or current officers or committee chairs.
  - e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

## PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Awards Committee Chairman and members by the Section office. The Section office will retain the original set of materials.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The Executive Committee will select the recipient.
4. Any member of the Awards or Executive Committees, who is closely associated with the nominee, will abstain from participating in the review and selection process.
5. The award will be presented only if there are qualified candidates, and one is selected.
6. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
7. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in subsequent years.

## LECTURE

1. The recipient will present his/her lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient will be invited to submit a written copy of the lecture for publication in the Section's official publication *Orthopaedic Physical Therapy Practice*.

## NOTIFICATION OF THE AWARD

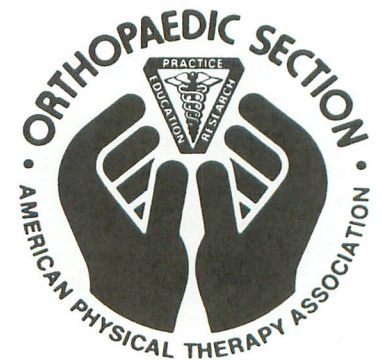
1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance from him/her, by May 1st.
2. The name of the recipient will be kept

- confidential until announced at the APTA Annual Conference following the selection, approximately 8 months before he/she is to present the lecture.
3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

## THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the U.S. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of \$250.
3. The recipient's name and date of award will also be inscribed on a Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1992.



# Neck Care Program

## Newly Revised for 1992

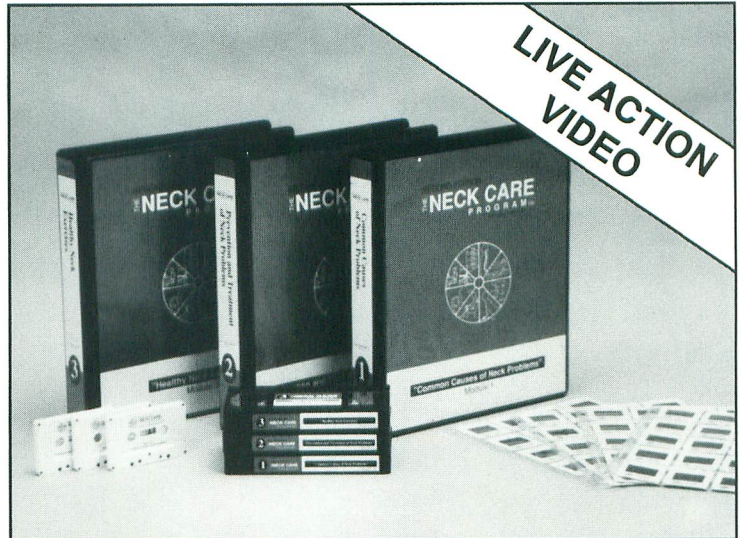
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presents  
**1992 REVIEW FOR  
ADVANCED ORTHOPAEDIC  
COMPETENCIES**

**NOVEMBER 11-15, 1992  
TROY, MICHIGAN  
Somerset Inn**

The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide Orthopaedic Section members and non-members with a process for review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Specialty Competency examination, but to serve as a **review process only.**)

*See page 11 for registration  
and hotel information.*